



WARWICKSHIRE COUNTY COUNCIL.

Education Committee.

ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1962.

Annual Report of the Principal School Medical Officer, 1962.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

1. I have the honour to present the report on the health of the schoolchild in Warwickshire during 1962.

One of the major developments during the year in relation to children was the announcement by the Minister of Health that approval would be given to schemes for the fluoridation of water supplies. This announcement was particularly welcomed in this County where the natural fluoride content is negligible and the incidence of dental decay extremely high, as in other non-fluoride areas. It is now nearly three years since the Warwickshire County Council approved the fluoridation of water supplies, and it is hoped that this latest development will soon enable water undertakings to go ahead with fluoridation schemes and thereby enable children to have the benefit of this mineral salt at the desirable level.

During the year, the County again remained free from such serious diseases as diphtheria and poliomyelitis. A few cases of tuberculosis in children are however still occurring, and much intensive work is still required before this disease can be eradicated completely.

During the Autumn term the Warwick Priory Day Special School for educationally sub-normal children was transferred to new buildings, and is now known as the Warwick St. Michael Day Special School. A training centre for ineducable children of school age in Warwick was also transferred to new buildings during the year.

More detailed information regarding the relevant sections of the School Medical Service is given in the following paragraphs.

2. School Population. (Tables 1 and 2).

The school population in the maintained schools stood at 98,556 at January, 1963, a rise of 1,733 on the January 1962 figure. This increase was in the region of just under 2%. The figures below show the overall increase which has taken place in the number of children in nursery, primary and secondary schools during the past ten year period:—

	<i>Nursery.</i>	<i>Primary.</i>	<i>Secondary.</i>	<i>Special Schools.</i>	<i>Total.</i>
School Year 1952/53	364	52,488	16,745	544	70,141
January, 1963	348	58,950	38,374	884	98,556

3. School Medical Examinations. (Tables 3 and 4).

It is now well over fifty years since the inception of the School Medical Service, and during this period the standard of health in children has risen considerably. The continuation of periodic medical examinations, with provision for special examinations as required, has consequently become a controversial subject.

In January, 1960 a pilot scheme began in one area of this County whereby selective examinations replaced the intermediate periodic medical examinations. Assessment of the results has shown that many schools have welcomed the change.

Details of the defects found to require treatment or observation at periodic and special examinations are given in table four.

4. Physical Condition of Pupils Examined at School Medical Inspections.

Only one in every hundred of the children examined at periodic medical inspections during the year was regarded as being in an unsatisfactory physical condition. Obesity rather than undernourishment is now often the problem, and school medical officers sometimes put children on suitable diets. A greater awareness of food values is still required, as besides preventing obesity this is also essential in helping to prevent dental decay.

One only too often hears of the large amounts spent by children at school on biscuits, sweets and lollies, and a memorandum was prepared last year and circulated to all head teachers outlining the part played by sweets and biscuits in the development of dental caries. It was

urged that schools and school tuck shops should be encouraged to conserve good natural teeth by the sale of apples and other fresh fruit and nuts in preference to sweets and biscuits which are potentially destructive to teeth.

5. Eye Defects. (Table 5).

It will be noted that eye defects continued to be the most common defect noted at periodic medical examinations. The majority of these defects were errors of refraction and early detection is essential so that a child's academic progress is not hindered. Parents of children noted with such defects have the option of sending their child to a County Council Eye Clinic or making their own arrangements. A total of 1,698 new cases and 3,991 old cases were seen at County Eye Clinics during the year.

The early detection and treatment of cases of squint is also of the utmost importance, and far better results can be achieved when treatment is begun at an early stage. In order to further ensure the referral of such cases at an early stage, arrangements are at present being considered for assistant medical officers and health visitors to receive special training in the early detection of squint from an ophthalmic surgeon.

6. Hearing Defects.

More hearing defects are now being noted and this is in the main due to better ascertainment and not to an increased incidence. As the majority of deaf children have some residual hearing, it is essential that they should be detected at a very early age so that adequate medical and educational facilities can be made available. Towards the end of the year, two two-day courses were held in Leamington Spa relating to the ascertainment of hearing defects in pre-school children, and these were attended by medical officers, health visitors and a speech therapist.

The part-time services of an audiometrician (appointed by the Regional Hospital Board) continued to be available during the year. Just over four hundred children were tested and of these sixty-three were referred for specialist investigation. The screening is at present confined to those children at special risk, as it is within this group that the majority of cases are usually found.

7. Speech Therapy. (Table 7).

The full establishment of speech therapists is now 6.6, but owing to shortage of staff only a full-time equivalent of 5.4 are at present available. The shortage of speech therapists is fairly general in England and Wales with the exception of London and parts of the south of England. An entirely efficient service cannot be run where there are too few personnel, but the best possible use is being made of the staff available. The Ministry of Education recommend one speech therapist to every 10,000 to 15,000 school children.

With more staff it should be possible to ensure that—

- (1) Any child in the County requiring speech therapy could be seen at a centre within reasonable distance of the child's home.
- (2) Additional sessions could be arranged for those areas with an exceptionally high case load.
- (3) Regular visits could be made to schools for the purpose of seeing children with speech difficulties about whom head teachers are concerned.
- (4) More time could be given to those children who suffer from minor speech defects such as difficulties of articulating one sound, e.g., r, th.
- (5) More time could be given to parent counselling, particularly in the environment of the home.
- (6) Improved team co-operation could be made with other specialists concerned with the child's welfare, e.g., school medical officers, consultants, social workers, etc.

Children with defective speech are referred from various sources, and an analysis of the 1962 referrals was as follows :—

From head teachers	...	...	...	...	...	40%
From school medical officers	...	...	...	...	...	35%
From speech therapist at school survey (following requests from head teachers)	...	...	...	...	...	18%
From other sources (including consultants, general practitioners, parents, etc.)	...	...	...	...	...	7%

The high percentage of children referred by head teachers is partially because many clinics are held in schools where the speech therapist is readily available.

The speech therapists welcome the ease of access to the service and that their advice is often sought in the early stages of the defect. This provides an opportunity to advise on the handling of a child in order to avoid excessive emotional stress which would become associated with the speech defect, to allay the anxieties of the parents, and to be ready to give the necessary help when the child is ready for it.

If there is any concern about a child's speech and language development from the age of three and a half years, it is wise to seek the advice of the speech therapist. This does not necessarily mean that the child will be treated at this age.

The causes of speech defect are many, but can be divided into two categories :—

1. *Organic.*

- (a) Cleft palate, short soft palate, over-large pharynx, malfunction of soft palate giving rise to hyper-nasal speech.
- (b) Enlarged adenoids giving rise to hyper-nasal speech.
- (c) Hearing loss giving rise to a variety of defects of voice and articulation, although only those with a slight high frequency loss come in the speech therapist's field of treatment.
- (d) Tongue tie, maldevelopment of tongue musculature giving rise to articulation defects.
- (e) Brain injury giving rise to articulatory defects and language difficulties.

Most of these conditions require medical treatment or surgery in the first place, after which the speech therapist will help the child to make the best use of his speech mechanism.

2. *Psychogenic.*

Dyslalia and stammering are in general due to psychogenic rather than organic disorders.

A common cause in this category is jealousy of a younger brother or sister, the child trying to retain the mother-infant relationship by using infant speech. Tensions in the home or school are often manifested in a speech symptom and there may be other symptoms of emotional disturbance such as nail biting, fear of the dark and enuresis.

In addition to these categories recent work on speech perception does indicate that some children find speech a difficult skill to acquire. As some people have "no ear for music," in that music is heard but is not always meaningful and the listener is unable to reproduce the sound heard "in tune," so some children have "no ear for speech." This condition may account for a number of dyslalic children for whom in the past there has appeared to be no reason for the defective speech.

A large percentage of the cases treated come into the category of psychogenic rather than organic disorders. This may be because surgeons and consultants tend to refer organic cases to their hospital speech therapists.

On analysis of the reasons for discharge it was found :—

- 51% had attained normal speech.
- 15% had much improved speech.
- 18% were not improving or had failed to continue attendance.
- 16% had either left school or moved from the area.

It is regrettable that so large a percentage failed to continue their attendance at the speech clinic. Whenever possible steps are taken to encourage the parent to recommence attending, e.g., by contacting the head teacher at the school the child attends, or by contacting the health visitor who will visit the home. The waiting lists for treatment are, however, too long for appointments to be held open indefinitely for poor attenders.

8. Child Guidance Clinics. (Table 8).

The new clinic in Warwick is a most attractive building and provides a pleasant setting for Child Guidance work. Clinics are also held at Solihull, Sutton Coldfield, Nuneaton, Rugby and Stratford-upon-Avon. Each clinic has the services of a Psychiatrist, Psychologist and Social Worker and waiting lists have been substantially reduced. The Social Workers have filled many gaps by seeing parents at the clinic and in their homes.

A wide variety of problems has continued to be referred from all the usual sources but in particular there has been an increase in the number of school attendance cases. It is usually found that the difficulties for these children lie more within the home environment than within the school setting. Many disturbed children have a need for skilled and intensive remedial teaching. The Psychiatrists have continued to use the In-Patient Unit at the Stratford-upon-Avon Children's Recovery Hospital, and this has been valuable for close observation and assessment of certain children and for more prolonged treatment of others.

Collaboration with other services is an important aspect of Child Guidance work and the teams have endeavoured to make and maintain contact with all those who may be interested in a particular child or his family, so that the child's difficulties can be treated within his total environment rather than as an isolated problem.

9. Minor Ailment Clinics. (Tables 17 and 18).

Since the inception of the National Health Service attendances at Minor Ailment Clinics have been declining, as many parents now prefer to obtain treatment through their own general practitioners. Attendances dropped to 1,660 compared with 2,946 in the previous year and only ten clinics now remain in use. The greatest demand for such clinics remains in the Nuneaton M.B., and nearly two-thirds of the total children treated were seen at the Riversley Park and Stockingford Clinics.

About one in every three of the children who attended required treatment for diseases of the skin.

10. The following report was supplied by the Principal School Dental Officer. (Tables 9, 10 and 11).

During the year an increase in the number of dental officer sessions took place, the increase for the whole year being 10% over the 1961 figure, whereas the position at the 31st December showed a 17% improvement from that at the 1st January. Most of the increase has come by the recruitment of part-time staff, but the appointment of whole-time officers in the Nuneaton Borough and at Bedworth has made it possible to re-commence periodic school inspections and treatments in these areas.

The increase in the strength of dental officers has once again been somewhat nullified by an increase of about 2% in the school population. The shortage of dental officers is still reflected in that only 42% of all attendances at the clinics were made by children referred from periodic school inspections, and here again the length of time between visits to schools is shown by the figure of only 20,608 children seen at school out of a total school population of 96,823. Although this shows a considerable improvement on the figure of one in eight children seen which I quoted in my report for 1954, it is nevertheless very far from achieving a minimum cover of an annual inspection for all pupils. A growing number of children receive treatment in the general dental service, but it is doubtful if an appreciable number are having regular attention as opposed to occasional visits when in need of treatment for the relief of pain.

Of the 20,608 children inspected, 10,921 had defects needing active treatment (53%), and of these 48% attended for treatment at the County clinics. One in every four of these

children had a permanent tooth by then too decayed to be saved. Much of this decay is brought about by over indulgence in sweets and other fermentable carbohydrate foods, particularly when taken between main meals.

It has been known for many years that fluoride salts incorporated in the tooth enamel can provide a considerable degree of protection. More recently, it has been demonstrated that there is the greatest protection on the least accessible surfaces of the teeth and in all cases a retarding of the destruction of the tooth even when decay has started. This enables the dental surgeon to make sound restorations without undue loss of natural tooth substance. Some areas in the British Isles are fortunate enough to have a natural water supply containing sufficient fluorides to provide protection, and where this has been enjoyed from birth the mouths of children and adolescents are remarkable for their freedom from decayed and irregular teeth.

Although fluorides assist in preventing decay, it is also important to provide foods which by their mechanical action clean the teeth, and to discourage the consumption of fermentable foodstuffs, particularly between meals.

11. Prophylactic Immunisation and Vaccination of Schoolchildren.

(a) Smallpox Vaccination.

Smallpox vaccination in children of school age showed a considerable rise during the year due to the 1961/62 smallpox outbreak. In the five to fourteen age-group, 14,276 children were primarily vaccinated, whilst a further 11,555 were re-vaccinated. This compared with about 500 primary and re-vaccinations carried out in a normal year. One child was reported with generalised vaccina (a re-vaccinated case) and another with post-vaccinal encephalomyelitis (a primary case). No case of smallpox occurred in a child, but there was an adult case who was quickly removed to hospital. All contacts were immediately ascertained and appropriately treated.

Whilst smallpox is still endemic in certain parts of the world, it is essential to maintain a high level of vaccination and thereby avoid the panic problem when a case occurs in this country. All mothers are encouraged to have their children primarily vaccinated between eleven and twelve months of age, and to follow this up with re-vaccination routinely at school entry, between eight and nine years and ten to fifteen years.

(b) Poliomyelitis Vaccination.

The County again remained free from poliomyelitis during the year, although small outbreaks still occurred elsewhere in England and Wales.

Just over 80% of the children in the five to fourteen age-group had received three doses of vaccine by the end of the year. Well over two-thirds of these had also received their fourth dose, which is only undertaken if twelve months have elapsed since the third dose.

Sabin vaccine is now in general use and has the great advantage of being taken by mouth. This type of vaccine is quite safe, and even more effective than the injected vaccine. Many children who received their first doses with Salk injected vaccine completed their courses with the Sabin oral vaccine.

(c) Diphtheria and Tetanus Immunisation.

During the school years it is most important that a child receives reinforcing doses against diphtheria and tetanus (following primary immunisation in early childhood). These reinforcing doses are desirable at school entry and again at eight to nine years of age, and the present immunisation programme caters for these to be done routinely on the consent of the parent.

Primary diphtheria immunisation in children is reasonably high and no case of this disease has occurred in the County since 1951. Immunisation against tetanus became available in 1960, and a reasonable level of immunity is now being built up in the pre-school child. Cases of tetanus do still occur, but as the disease is not notifiable, total numbers are unknown.

During 1962, 6,394 schoolchildren received reinforcing doses against diphtheria, whilst 1,923 received reinforcing doses against tetanus.

12. Tuberculosis.

(a) Pulmonary.

A considerable decrease in pulmonary tuberculosis has occurred during this decade, but this disease still remains a major public health problem. Contact tracing, mass radiography, prophylactic vaccination, with the co-operation of the general public in seeking early treatment for suspicious symptoms, must still be actively encouraged if this disease is to be eradicated.

Thirteen schoolchildren with this disease were detected during the year, compared with twelve last year. Eight of these children were under ten years of age, and five between ten and fifteen. Fortunately the majority were detected in the early stage of the disease.

B.C.G. vaccination under the Contact Scheme (that is contacts of open tuberculosis cases) was given to 121 children of school age. Under the School Leavers Scheme (children mainly thirteen years of age and over), 8,931 were offered B.C.G. vaccination, and 7,603 acceptances were received. Skin tests (Heaf) were carried out on 6,941 of these children and just over one in five were found to show a positive reaction, i.e. naturally immune. Of the children showing negative reactions, 5,248 were vaccinated under the Authority's arrangements during the year. Thirty-four children were also known to have been vaccinated through other agencies.

(b) Non-Pulmonary.

Three boys and two girls of school-age were also newly notified during the year with non-pulmonary tuberculosis. This was a slight increase on last year when only three cases were notified. Of the boys, two had the disease in the glands and one in the kidney, whilst of the girls one case was in the glands and one in the spine.

13. Louse Infestation. (Table 16).

At the discretion of Borough and Area medical officers, schools found to be clean over a long period are visited less frequently. During the year, 160 boys and 476 girls were found to be infested, a total of 636, compared with 990 last year. The decrease in numbers is partly brought about by the co-operation of head teachers in immediately notifying an infested child at school. Improvements were noticed in all Boroughs and Areas.

Follow-up of the children infested showed that nineteen of the boys and sixty-five of the girls were persistently infested and had bad home conditions. In such cases, health visitors are often required to do much arduous work in the home, as adult members of the family keep re-infesting the child.

14. Health Education.

The dissemination of information on health subjects and the encouragement of healthy living is a very time-consuming job. Much excellent work has been done by medical officers, nursing and health visiting staff and other members of the County Health Service both in their day-to-day work and during special evening sessions. To augment the present arrangements, a health education officer will soon be employed.

Health education at an early age is an essential step in the field of preventive medicine. Talks have been given during the year in schools on the principles of clean air, smoking and lung cancer, sex education (to high school girls by selected health visitors), mothercraft, personal hygiene, accidents in the home, etc. Further contacts have also been made with young people through lectures to Girl Guides, Junior Red Cross, St. John Cadets, Girls' Life Brigade, Health and Beauty classes and through a N.A.L.G.O. Civics Exhibition stand which concentrated on Oral Poliomyelitis Vaccination and Smoking and Lung Cancer.

15. Deaths of Schoolchildren.

Twenty-five children of school age died during the year. The majority of these deaths were due to accidents involving motor vehicles, malignant disease and congenital malformations.

The comparative figures for the past three years are as follows :—

	1962.		1961.		1960.
Motor vehicle accidents	6	} 8	4	} 11	12
Other accidents	2		7		7
Malignant disease	2	} 2	4	} 7	6
Leukaemia and aleukaemia	—		3		2
Congenital malformations	5		—		3
Bronchitis and pneumonia	1		2		4
Other respiratory diseases	1		—		—
Infective and parasitic diseases	—		2		2
Nephritis and nephrosis	—		—		2
Gastro-enteritis	—		1		—
Vascular lesions of nervous system	1		—		—
Homicide	1		1		—
Other defined or ill-defined diseases	6		6		5
	25	...	30	...	43

16. Handicapped Pupils. (Tables 12, 13, 14 and 15).

Towards the end of the year, a newly built school for educationally subnormal children was opened in Warwick—St. Michael's, replacing the old Warwick Priory School. The maximum accommodation at the new school is in the region of one hundred and twenty, compared with just over eighty at the old school. During the Christmas term one hundred and seven children were on the roll, and the number has now increased to one hundred and seventeen.

Well over half the children on the register of handicapped pupils are educationally sub-normal and, as will be noted from table twelve, it is in this group that the majority of special school places is still required. One hundred and seventy-two such children were newly ascertained during the year, eighty-nine boys and eighty-three girls. About 38% of these children were aged ten or over at ascertainment. In previous years, the ascertainment rate of boys has been far higher than girls, suggesting that some girls were not being referred. It is important that these girls should be referred for early ascertainment and given every opportunity for developing their limited abilities. Without a full ascertainment rate the true standard of special educational facilities is difficult to estimate.

The more general awareness of the importance of early ascertainment of children with defective hearing is reflected in the increased figures in this group for recent years. Nearly three times as many children have been newly ascertained in the past three years, compared with the preceding three-year period.

Fewer children with physical handicaps came onto the register during the year, thirty-eight, compared with fifty-four last year.

Twenty-six delicate children were newly ascertained during the year, the majority of whom were suffering from respiratory conditions such as asthma, bronchitis and bronchiectasis. This was a slight increase in the nineteen ascertained in 1961. During the four years preceding 1961, however, the annual numbers were usually in the region of thirty to forty.

Forty-five new children were recorded as being unsuitable for education during the year, a similar figure to last year.

S. W. SAVAGE, M.A., M.D. (Cantab.), D.P.H.
Principal School Medical Officer.

Shire Hall,
Warwick.

STAFF OF THE SCHOOL HEALTH SERVICE

(At time of going to press).

Principal School Medical Officer Dr. S. W. SAVAGE.		
Deputy Principal School Medical Officer Dr. G. H. TAYLOR.		
	<i>Medical Officer.</i>	<i>School Medical Officers.</i>
*Sutton Coldfield M.B.	Dr. J. R. PRESTON.	Dr. JANET B. TYLER. Dr. J. P. WALL.
*Solihull M.B.	Dr. I. M. McLACHLAN.	Dr. P. J. H. CHEONG. Dr. ELIZABETH M. THOMPSON.
*Nuneaton M.B.	Dr. G. DISON.	Dr. GWENDOLEN K. G. COOTE. Dr. N. S. TURNBULL.
Atherstone/Bedworth Area.	Dr. E. M. HUGHES.	Dr. A. L. J. CUSACK. Dr. J. E. PEARSON.
Eastern Area.	Dr. D. J. JONES.	Dr. C. M. D. EDMONDS. Dr. N. J. B. EVANS.† Dr. A. H. HALSTEAD.‡ Dr. H. M. RICHARDS.†
North-Western Area.	Dr. R. S. McELROY.	Dr. G. C. B. HAWES. Dr. ELEANOR A. THOMPSON. Dr. S. H. BROCK.†
Central Area.	Dr. F. D. M. LIVINGSTONE.	Dr. K. D. YOUNG. Dr. J. BEASLEY. Dr. JACQUELINE R. P. WHITE. Dr. D. SUTCLIFFE WILLIAMS.
Southern Area.	Dr. J. B. BRAMWELL.	Dr. W. D. DOLTON.‡ Dr. A. L. KIRKLAND. Dr. JOAN C. McEWAN.†

* Borough Councils with delegated powers for health and 'excepted' districts for education.

† Not entirely based in the area.

‡ At present absent on D.P.H. training course.

Principal School Dental Officer.

Mr. H. J. BASTOW.

School Dental Officers.

Sutton Coldfield M.B.	...	...	...	Mr. N. G. EVANS.
Solihull M.B.	...	...	...	Miss M. M. STCKER.
Nuneaton M.B.	...	...	...	Miss E. B. NASMYTH.
Atherstone/Bedworth Area	...	...	...	Mr. H. T. MOULD.
Eastern Area	...	...	...	Mr. P. VIGANTS.
North-Western Area	...	...	...	Mr. W. DOUGLAS.
Central Area	...	...	...	Mr. R. A. LEWTY.
Southern Area	...	...	...	Mr. S. C. C. JONES.

There are in addition a number of part-time dental officers.

Nursing Staff.

Superintendent Nursing Officer.

Miss V. E. BEESTON.

Deputy Superintendent Nursing Officer.

Miss M. J. HEDGES.

There are 3 Borough Nursing Officers and 5 Area Nursing Officers. School Nursing is carried out by 1 whole-time school nurse, 84 health visitors, and 14 district nurse/midwife/health visitors who combine school nursing with other duties.

Senior Speech Therapist.

VACANT.

Speech Therapists.

Miss R. A. BAKER.
Mrs. J. BECKETT.
Mrs. R. J. GOODRIDGE.
Mrs. G. ERREY.
Mrs. R. W. JENKINS,
Mrs. J. N. P. KING-REYNOLDS,
Mrs. M. P. MANLEY,
Mrs. K. M. SENIOR,
Mrs. N. M. SMITS,

} Part-time.

Physiotherapists.

Miss B. A. BAILEY.
Mrs. B. KINNIARD.
Mrs. E. G. MASON.
Mrs. C. M. WILLIAMS, Part-time (2 sessions weekly).

Statistical Officer.

Mrs. B. WARREN.

TABLE 1. NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY EACH YEAR.

Year.	Nursery.		Primary and Secondary.		Special.		Total.
1951	...	352	...	62,604	...	187	63,143
1952	...	361	...	65,753	...	508	66,622
1953	...	359	...	69,211	...	547	70,117
1954	...	365	...	72,094	...	592	73,051
1955	...	348	...	75,509	...	602	76,459
1956	...	353	...	78,827	...	615	79,795
1957	...	362	...	81,825	...	750	82,937
1958	...	367	...	84,684	...	780	85,831
1959	...	352	...	87,952	...	801	89,105
1960	...	346	...	90,526	...	811	91,683
1961	...	345	...	93,492	...	828	94,665
1962	...	343	...	95,660	...	820	96,823

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1962.

	Nursery Schools.		Primary.		Secondary.		Total Schools.	Total Children.
	Schools.	Children.	Schools.	Children.	Schools.	Children.		
Sutton Coldfield M.B. ...	—	—	20	6,289	8	4,612	28	10,901
Solihull M.B. ...	—	—	33	7,769	10	5,697	43	13,466
Nuneaton M.B. ...	2	80	24	5,200	9	4,222	35	9,502
Atherstone/Bedworth Area	3	133	34	6,734	7	4,848	44	11,715
Eastern Area ...	—	—	45	6,944	14	4,918	59	11,862
North-Western Area ...	—	—	47	7,930	10	3,905	57	11,835
Central Area ...	3	130	71	10,668	12	6,162	86	16,960
Southern Area ...	—	—	63	5,764	10	3,998	73	9,762
TOTAL ...	8	343	337	57,298	80	38,362	425	96,003

**TABLE 3. NUMBER OF INDIVIDUAL CHILDREN FOUND TO
REQUIRE TREATMENT (excluding Special Schools) AT PERIODIC
MEDICAL EXAMINATIONS.**

<i>Age group.</i>	<i>Number examined.</i>	<i>Number children found to require treatment.</i>		
		<i>For defective vision (exc. squint)</i>	<i>Other * conditions.</i>	<i>Total.</i>
Entrants	9,863	164	444	572
Second age group	6,548	215	203	402
Third age group	8,133	294	114	401
8 Year vision	6,946	295	64	357
TOTAL	31,490	968	825	1,732

* Does not include dental diseases and infestations with vermin.

**TABLE 4. TYPE OF DEFECT FOUND AT SCHOOL
MEDICAL EXAMINATIONS. (excluding Special Schools).**

<i>Defect.</i>	<i>Periodic Medical Examinations. Number 31,490.</i>		<i>Special Medical Examinations. Number 4,080.</i>	
	<i>Defects requiring treatment.</i>	<i>Defects requiring observation.</i>	<i>Defects requiring treatment.</i>	<i>Defects requiring observation.</i>
Eyes	1,013	4,111	205	564
Orthopaedic	161	2,242	43	299
Nose and Throat	171	2,376	35	289
Skin	70	581	13	102
Ears	62	778	12	100
Lungs	48	660	10	82
Speech	49	372	12	41
Developmental	68	671	10	96
Lymphatic Glands	9	396	1	31
Psychological	45	683	13	92
Nervous System	12	173	4	44
Heart	17	273	4	23
Abdomen	10	238	5	32
Other	90	571	18	107
TOTALS	1,825	14,125	385	1,902

TABLE 5.

OPHTHALMIC SERVICES.
OPHTHALMIC PART-TIME STAFF AND ATTENDANCES AT EYE CLINICS.

	OPHTHALMIC PART-TIME STAFF	No. of sessions.		CLINIC.	WHEN HELD.	No. of individual children seen during 1962.		Total attendances made by these children.	No. prescribed spectacles in 1962.		No. referred for Orthoptic Treatment.	Total cases on Register 31/12/62.
		1962	1961			New cases.	Other.		New cases.	Other.		
SUTTON COLDFIELD M.B.	Dr. E. J. McCABE ... Dr. C. LONGMORE ...	35	34	9, Holland Street, Sutton Coldfield	Tuesday p.m. Wednesday a.m.	191	299	532	111	144	—	786
		42	40									
SOLIHULL M.B.	Dr. H. RILEY ...	87	69	Drury Lane Clinic, Solihull Halifax Road Clinic, Shirley	Monday a.m., Friday a.m. ... (as requested) Monday a.m., Friday a.m. ... (as requested)	150	450	871	45	186	6	567
						90	290	543	28	94	3	348
NUNEATON M.B.	Dr. C. E. CLARK* ...	38	59	Riversley Park Clinic, Nuneaton	Saturday a.m.	119	275	405	78	158	25	685
		33	52			28	58	86	15	27	6	143
ATHERSTONE/ BEDWORTH AREA.	Dr. C. E. CLARK* ...			Health Clinic, Atherstone... Health Clinic, Bedworth ... Nurses Home, Polesworth ...	Friday p.m. (monthly) Monday a.m. Friday p.m. (monthly)	71	154	225	44	90	8	352
						8	30	38	6	21	—	82
EASTERN AREA.	Dr. H. RILEY ... Mr. T. J. P. KERWICK ... Dr. V. M. VODDEN ...	43	22	First Aid Post, Rugby ...	Wednesday a.m. (1st, 2nd & 3rd in month) Wednesday p.m. (1st & 3rd in month) Friday a.m.	107	242	349	65	138	14	577
		44	91			221	719	940	129	175	21	1,140
NORTH-WESTERN AREA.	Dr. H. RILEY ... Dr. C. LONGMORE ...	106	73	Miner's Welfare Hall, Arley Area Health Office, Coleshill ... Village Hall, Meriden Parish Hall, Wilnecote	Last Tuesday a.m. (monthly) Tuesday p.m. (2nd, 3rd & 4th in month) Wednesday a.m. (monthly) Tuesday p.m.	24	29	64	15	9	—	45
		41	42			158	292	543	49	81	—	415
CENTRAL AREA.	Mr. E. L. HOWELL- JONES† Mr. M. W. SMITH ...			4, Holly Walk, Leamington Spa Health Clinic, Lillington Cape Road Clinic, Warwick ... Health Centre, Kenilworth ...	Monday a.m. (1st, 2nd & 3rd in month) Wednesday (1st & 3rd in month) ... Wednesday a.m. (2nd & 4th in month) Monday a.m. (4th in month)...	234	490	733	166	281	93	760
		130	115			27	90	120	18	49	13	210
SOUTHERN AREA.	Mr. E. L. HOWELL- JONES† Mr. M. W. SMITH ...	13	19	Health Clinic, Stratford-upon- Avon	Tuesdays p.m. Friday a.m.	181	361	572	137	219	64	744
		48	44									
		678		GRAND TOTAL	GRAND TOTAL	1,698	3,991	6,350	970	1,779	289	7,019
			679			1,701	4,348	6,544	950	1,899	282	6,787

* Ceased July, 1962.

Mr. F. H. BUDDEN as from February, 1963.

† Ceased October, 1962.

TABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	Number of children seen during 1962.	Total attendances made by these children.	Degree of cure on discharge.		No. ceasing to attend or unsuitable.	No. still on treatment 31st Dec., 1962.
			Full binocular vision	Partial binocular vision or cosmetic improvement.		
Cases carried over from 1961 ...	196	1033	66	18	33	79
Cases referred in 1962 ...	196	718	32	3	52	109
TOTAL ...	392	1,751	98	21	85	188

ORTHOPAEDIC SERVICE.
AFTER CARE CLINICS.

	Clinic.	When held.	Physiotherapists.
SUTTON COLDFIELD M.B.	49, Holland Street.	Tuesday p.m. Thursday p.m.	Mrs. C. M. WILLIAMS.
SOLIHULL M.B. ...	Red Cross House, Blossomfield Road.	Tuesday p.m. Thursday a.m.	Miss B. A. BAILEY.
NUNEATON M.B. ...	Riversley Park Clinic.	Monday a.m. Tuesday p.m. Friday p.m.	Sisters from Coleshill Orthopaedic Hospital.
ATHERSTONE/BEDWORTH AREA.	Atherstone Health Clinic.	Tuesday p.m.	Sisters from Coleshill Orthopaedic Hospital.
CENTRAL AREA. ...	Kenilworth Health Clinic. 4, Holly Walk, Leamington Spa. Southam Child Welfare Clinic. Warwick Health Clinic, Cape Road, Warwick.	Monday p.m. Tuesday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	Mrs. E. G. MASON.
SOUTHERN AREA.	Stratford Health Clinic.	Thursday a.m.	

ORTHOPAEDIC SERVICE.
HOSPITAL CLINICS.

	<i>Address of Clinic.</i>	<i>When held.</i>	<i>Surgeon.</i>	<i>Physiotherapists.</i>
SUTTON COLDFIELD M.B.	Sutton Coldfield Hospital.	Friday a.m. (except 5th Friday in month.)	Mr. W. H. SCRASE.	R.H.B.
SOLIHULL M.B.	Solihull Hospital. Red Cross House, Blossomfield Road, Solihull. Tudor Grange School Clinic.	Wednesday, p.m. Thursday, p.m. (monthly) By arrangement.	{ Mr. W. H. SCRASE.	R.H.B. Miss B. A. BAILEY.
NUNEATON M.B.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton.	Friday, p.m. (last in month). Tuesday and Thursday, p.m.		Sisters from Coleshill Orthopaedic Hospital. R.H.B.
ATHERSTONE/ BEDWORTH AREA.	Exhall Grange School Clinic.	By arrangement.	Mr. J. H. PENROSE.	Mrs. B. KINNARD.
EASTERN AREA.	Hospital of St. Cross, Rugby.	Thursday, a.m.	Mr. I. K. SHARP.	R.H.B.
NORTH-WESTERN AREA.	Orthopaedic Hospital, Coleshill. College Lane School Rooms, Tamworth.	Monday (once every 3 months). Tuesday, a.m. (last in month).	Mr. F. G. ALLAN. Mr. A. INNES.	Sisters from Coleshill Orthopaedic Hospital. " "
CENTRAL AREA.	Health Clinic, Crown Way, Lillington, Leamington Spa. Health Clinic, Cape Road, Warwick.	Monday, a.m. (except 5th Monday in month). Friday a.m. (except 5th Friday in month).	Mr. E. J. GALLAGHER.	Mrs. E. G. MASON.
SOUTHERN AREA.	The Hospital, Stratford-upon- Avon.	Thursday, a.m. (1st and 3rd in month). Friday, a.m. (2nd and 4th in month).	Mr. F. G. ALLAN. Mr. E. J. GALLAGHER.	Sisters from Coleshill Orthopaedic Hospital.
BIRMINGHAM.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
COVENTRY.	55, Holyhead Road, Coventry.	Monday, p.m. Thursday, p.m.	Mr. J. H. PENROSE. Mr. A. J. WATSON.	R.H.B.
REDDITCH.	Smallwood Hospital, Redditch.	Monday, p.m. (2nd in month).	Mr. W. H. SCRASE.	R.H.B.

All surgeons are employed by the Regional Hospital Board.

**SPEECH THERAPY.
CLINICS.**

	<i>Clinic.</i>	<i>Address.</i>	<i>When held.</i>
SUTTON COLDFIELD M.B.	Boldmere Sutton Coldfield Falcon Lodge	Health Clinic	Tuesday 9-30 a.m.—12 noon.
		49, Holland Street Health Clinic	Wednesday 9 a.m.—12 noon.
	Mere Green Minworth	Health Clinic	Tuesday } 9 a.m.—12 noon.
		Health Clinic	Wednesday } 1-30 p.m.—4-30 p.m.
SOLIHULL M.B.	Olton	Chapel Fields Infant School	Wednesday 1-30 p.m.—4-30 p.m.
	Shirley	Health Clinic, Halifax Road	Thursday 9-30 a.m.—12-30 p.m.
	Solihull	Health Clinic, Drury Lane	Thursday 1-30 p.m.—4-30 p.m.
			Friday 9-30 a.m.—12-30 p.m.
	Packwood Tudor Grange	Special School Special School	1-45 p.m.—5-15 p.m.
			Thursday 9-30 a.m.—12 noon.
			Monday 9-30 a.m.—12 noon.
			1-30 p.m.—4 p.m.
NUNEATON M.B.	Nuneaton	Riversley Park Clinic	Wednesday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
		Red Deeps Special School	Thursday 9-30 a.m.—12-30 p.m.
			Tuesday 9-30 a.m.—12-30 p.m.
ATHERSTONE & BEDWORTH AREA	Atherstone Bedworth	Health Clinic	Thursday 1-30 p.m.—4-30 p.m.
		Health Clinic	Wednesday 9-30 a.m.—12-30 p.m.
		Wheelwright Lane J. School	1-30 p.m.—4-30 p.m.
			Monday 1-30 p.m.—4-30 p.m.
		Keresley Newlands School	Monday 9-30 a.m.—12-30 p.m.
		Exhall Grange Special School	Tuesday 9-45 a.m.—12-45 p.m.
			1-45 p.m.—4-45 p.m.
			Wednesday 9-45 a.m.—12-45 p.m.
EASTERN AREA	Rugby	F.A.P., Temple Street	1-45 p.m.—4-45 p.m.
			Friday 9-30 a.m.—12-30 p.m.
		Tyntesfield Special School	Thursday 9-30 a.m.—12-30 p.m.
NORTH-WESTERN AREA	Coleshill	Health Clinic	Friday 9 a.m.—12 noon.
	Castle Bromwich Kingshurst	Hurst Lane Health Clinic Church Hall	1-30 p.m.—4-30 p.m.
			Monday 1-30 p.m.—4-30 p.m.
	Hurley/Glascote	Schools	Monday 9-30 a.m.—12-30 p.m.
			Tuesday 1-30 p.m.—4-30 p.m.
	Wilnecote	Schools	Tuesday 9-30 a.m.—12-30 p.m.
CENTRAL AREA	Leamington Spa	4, Holly Walk	Tuesday 9-30 a.m.—12 noon.
			Friday 9-30 a.m.—12-30 p.m.
			1-45 p.m.—4-45 p.m.
			Thursday 9-30 a.m.—12-30 p.m.
	Lillington Kenilworth Warwick	Health Clinic Health Clinic Health Clinic	Monday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
			Wednesday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
SOUTHERN AREA	Stratford-on-Avon	Health Clinic	Monday 1-30 p.m.—4-30 p.m.
			Friday 9-30 a.m.—12-30 p.m.
			Tuesday 9 a.m.—12 noon.
			1-30 p.m.—4-30 p.m.

TABLE 7. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	<i>Sutton Coldfield M.B.</i>	<i>Solihull M.B.</i>	<i>Nun- eaton M.B.</i>	<i>Ather- stone/ B'worth Area.</i>	<i>Eastern Area.</i>	<i>North- Western Area.</i>	<i>Central Area.</i>	<i>Southern Area.</i>	<i>Special Schools.</i>	<i>1962 Totals.</i>	<i>1961 Totals.</i>
No. of sessions ...	191	255	130	149	137	203	362	179	318	1,924	1,481
Number of children attending at 1st January, 1962 ...	81	63	10	33	26	52	78	58	74	475	463
Number of first attendances in 1962 ...	87	145	27	67	30	111	141	46	24	678	447
Number of children recalled during 1962 after having been put under observation in a previous year	10	11	10	25	13	15	63	39	14	200	111
Total number of children treated during 1962 ...	178	219	47	125	69	178	282	143	112	1,353	1,021
Total attendances ...	1,229	1,441	431	1,012	535	1,123	2,014	1,468	1,911	11,164	9,154
Number discharged in 1962 :—											
(a) Treatment completed ...	35	53	10	12	8	49	50	67	9	293	197
(b) Ceased attending	18	10	2	4	8	4	36	11	10	103	79
Number placed under observation ...	64	126	21	69	9	129	75	56	39	588	205

TABLE 8. **CHILD GUIDANCE.**
Number of Children attending Clinics.

Source of referral.	1962		
	New cases.	Old cases.	Total.
Local Authority Clinics	137	251	388
Hospital Clinics	80	273	353
Total	217	524	741

TABLE 9. **SCHOOL DENTAL SERVICE.**
STAFF AND CLINICS.
 At 31st December, 1962.

	Surgeries in use.		Dental Officers.		Available sessions per week.
	Fixed.	Mobile.	Whole-time.	Part-time.	
Sutton Coldfield M.B. ...	4	—	1	5	26
Solihull M.B.	2	1	1	5	26
Nuneaton M.B.	1	1	1	3	22
Atherstone/Bedworth Area	2	1	—	3	16†
Eastern Area	3*	1	1	4	23
North Western Area ...	1	1	1	1	15
Central Area	4	—	1	6	24‡
Southern Area	1	1	1	1	15
TOTAL ...	18	6	7	28	167

* Includes two in same building.
 † Includes two sessions by Principal School Dental Officer.
 ‡ „ four „ „ „ „ „ „

TABLE 10.

SCHOOL DENTAL SERVICE.

	TOTAL SESSIONS.		ROUTINE CASES.				Emer- gency cases for which treatment was completed.	Total attend- ances made for treatment.
	Inspec- tion.	Treat- ment.	Inspec- ted.	Found to require treat- ment.	Referred for treatment.	Cases for which treatment completed.		
Sutton Coldfield M.B.	48	1,022	4,038	2,280	1,828	741	1,141	5,100
Solihull M.B. ...	38	1,149	3,959	2,212	2,080	916	1,807	6,463
Nuneaton M.B.	11	442	1,294	1,177	797	211	650	2,307
Atherstone/ Bedworth Area ...	8	453	1,003	731	631	402	664	2,922
Eastern Area ...	21	877	1,525	1,444	1,184	367	1,404	4,847
North-Western Area	34	576	1,892	1,510	1,123	732	237	2,367
Central Area ...	39	930	3,910	2,297	1,855	701	700	4,982
Southern Area ...	45	424	2,987	1,762	1,423	562	183	2,109
COUNTY TOTAL 1962	244	5,873	20,608	13,413	10,921	4,632	6,786	31,097
COUNTY TOTAL 1961	215	5,327	16,360	10,933	8,995	4,148	6,010	28,605

TABLE 11.

DENTAL TREATMENT GIVEN.

Type.	Routine cases.		Emergency cases.	
	Number.	No. per 100 cases for which treat- ment was completed.	Number.	No. per 100 cases for which treat- ment was completed.
Permanent teeth.				
Extractions	1,329	29	2,907	43
Teeth Filled	7,558	163	9,544	141
Other operations	2,098	45	5,155	76
Total	10,985	237	17,606	260
Temporary Teeth.				
Extractions	4,107	89	5,618	83
Teeth Filled	2,858	62	2,660	38
Other operations	1,104	24	1,701	25
Total	8,069	175	9,979	146
Appliances.				
Dentures	22	0.5	87	1.3
Orthodontics	162	3.5	—	—
General Anaesthetics	1,482	32	3,376	50

TABLE 12.

HANDICAPPED PUPILS, 1962.

	Year of Ascertainment.		DISPOSAL.																					
			RECOMMENDED SPECIAL SCHOOL.																					
	IN SPECIAL SCHOOL, 31/12/62.				Parents refuse consent.				On waiting list for particular school.				Under investigation or on general waiting list.				Recommend- ed special class in ordinary school.		Home tuition.		UNDER REVIEW.			
	Warwickshire.		Non-Warwickshire.		Total.		Parents refuse consent.		On waiting list for particular school.		Under investigation or on general waiting list.		Recommend- ed special class in ordinary school.		Home tuition.		On trial or able to manage in ordinary school.		At home or in hospital, or private school.					
	M	F	M	F	Total.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
A. Blind ...	9	3	1	—	13	—	—	9	3	12	—	—	1	—	—	—	—	—	—	—	—			
B. Partially Sighted ...	47	12	9	1	69	27	7	7	3	44	—	—	2	—	6	2	—	1	12	1	—			
C. Deaf ...	18	9	—	1	28	—	—	18	9	27	—	—	—	—	—	1	—	—	—	—	—			
D. Partially Deaf ...	37	24	14	12	87	—	—	26	17	43	—	—	—	1	2	1	—	—	22	17	—			
E. Educationally Sub-Normal ...	464	248	89	83	884	232	156	126	38	552	34	15	36	22	56	45	29	21	31	31	1			
F. Epileptic ...	14	14	2	3	33	—	—	5	3	8	—	—	—	—	1	—	—	—	10	14	—			
G. Maladjusted ...	35	6	13	6	60	27	—	1	6	34	—	—	6	1	4	2	—	—	9	2	—			
H. Physically Handicapped	130	112	21	17	280	30	14	27	17	88	—	2	4	—	5	3	—	11	70	71	11			
I. Speech Defects ...	1	—	1	—	2	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—			
J. Delicate ...	70	47	16	10	143	—	—	13	13	26	4	1	4	1	2	—	—	—	63	41	—			
TOTALS ...	825	475	166	133	1,599	316	177	232	109	834	38	18	53	25	77	54	29	21	218	177	12			

TABLE 13.

NUMBER OF HANDICAPPED PUPILS IN EACH AREA
at 31st December, 1962.

	Sutton Coldfield M.B.		Solihull M.B.		Nuneaton Area.		Atherstone/Bedworth Area.		Eastern Area.		North-Western Area.		Central Area.		Southern Area.		Total 1962.	Total 1961.	Total 1960.
	1962	Total	1962	Total	1962	Total	1962	Total	1962	Total	1962	Total	1962	Total	1962	Total			
Number of school children (excluding nursery school & special school children).	10,901		13,466		9,422		11,582		11,862		11,835		16,830		9,762		95,660	93,837	90,872
CATEGORY.	1962	Total	1962	Total	1962	Total	1962	Total	1962	Total	1962	Total	1962	Total	1962	Total	Total	Total	Total
Blind	—	1	1	4	—	—	—	3	—	2	—	—	2	—	1	13	13	13	13
Partially Sighted	—	3	—	5	2	5	1	13	1	11	—	1	22	6	9	69	68	67	67
Deaf	—	5	—	3	—	3	—	2	1	2	—	4	5	—	4	28	33	37	37
Partially Deaf	—	3	—	8	4	13	5	14	7	11	4	17	17	6	4	87	72	69	69
Educationally Sub-normal	11	46	11	49	8	135	41	165	18	107	32	125	173	38	84	884	841	847	847
Epileptic	—	1	—	3	4	8	—	11	1	2	—	6	1	—	1	33	38	39	39
Maladjusted	6	10	1	9	1	5	2	3	3	8	3	8	8	1	9	60	52	62	62
Physically Handicapped ...	2	30	5	32	8	33	4	51	3	18	3	33	65	10	18	280	282	276	276
Speech	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2	2	2	2
Delicate	3	16	1	9	11	40	5	34	—	9	—	15	16	6	4	143	144	160	160
TOTAL	22	115	19	12	38	242	58	296	34	170	42	209	310	68	135	1,599	1,545	1,572	1,572
Recorded as unsuitable for education under Section 57 of the Education Act	3	31	4	39	1	45	6	36	11	47	6	52	74	10	43	367	364	356	356

TABLE 14. WARWICKSHIRE SPECIAL SCHOOLS.

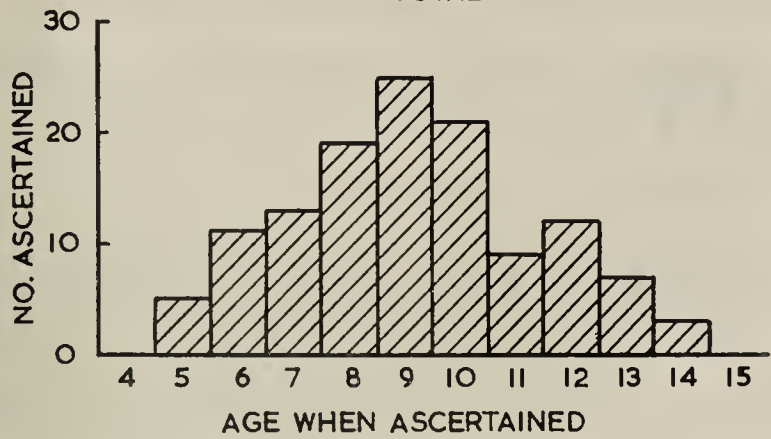
School.	Type.	Residential accom- modation.	Age range.	On roll Christmas Term, 1962.		
				Warwickshire children.		Children from other Auth- orities.
				Day	Res.	Res.
Tudor Grange	Physically handicapped, mixed	40	5—11	11	24	16
Exhall Grange	(a) Physically handi- capped, mixed ...	300	(a) Seniors	—	12	25
	(b) Partially sighted, mixed		(b) All ages	—	32	225
River House	Maladjusted boys ...	45	8—16	1	28	14
Nuneaton, Red Deeps	Educationally subnor- mal, mixed, day ...	—	8—16	185	—	—
Packwood	Educationally subnor- mal boys	60	10—16	—	59	1
Tyntesfield	Educationally subnor- mal girls, res. and day	40	9—16	11	39	1
Warwick, St. Michaels.	Educationally subnor- mal, mixed, day ...	—	9—16	107	—	—
	TOTAL	485	—	315	194	282

TABLE 15. ANALYSIS OF PHYSICALLY HANDICAPPED CHILDREN
IN TUDOR GRANGE AND EXHALL GRANGE SPECIAL SCHOOLS
(These figures include Children from other Authorities).
Christmas Term 1962.
(1961 figures in brackets).

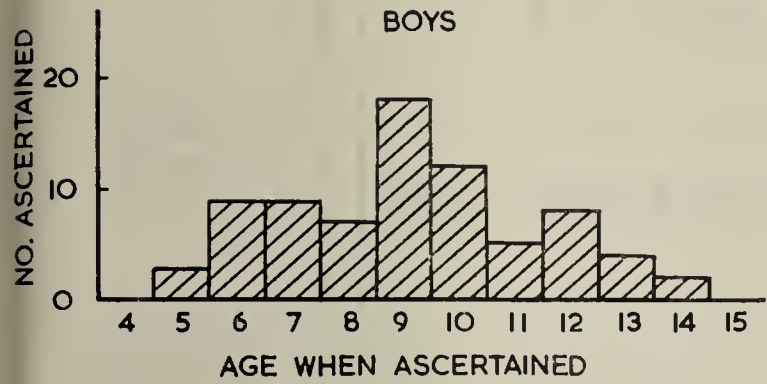
	Tudor Grange.			Exhall Grange.		
	M	F	Total.	M	F	Total.
Bronchiectatic conditions and asthma	5 (3)	1 (1)	6 (4)	— (—)	— (—)	— (—)
Heart conditions	— —	2 (2)	2 (2)	— (—)	— (—)	— (—)
Post poliomyelitis	1 (1)	2 (2)	3 (3)	3 (4)	3 (4)	6 (8)
Spastic and similar conditions ...	22 (26)	9 (8)	31 (34)	17 (20)	5 (11)	22 (31)
Tuberculous joints and bone infections	— (—)	— (—)	— (—)	— (—)	1 (—)	1 (—)
Other conditions	7 (4)	2 (—)	9 (4)	6 (5)	2 (—)	8 (5)
TOTALS ...	35 (34)	16 (13)	51 (47)	26 (29)	11 (15)	37 (44)

AGE DISTRIBUTION OF EDUCATIONALLY SUB NORMAL CHILDREN ASCERTAINED IN 1961 & 1962

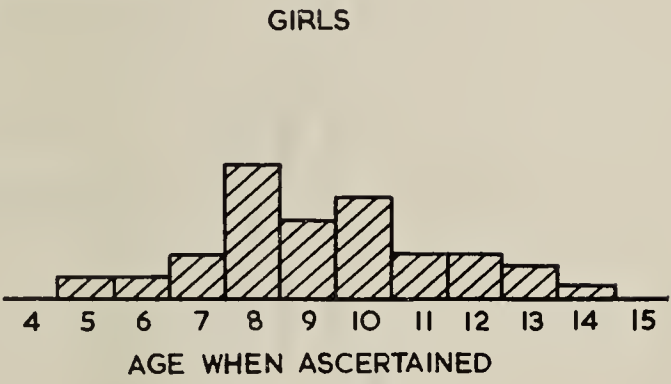
1961
TOTAL



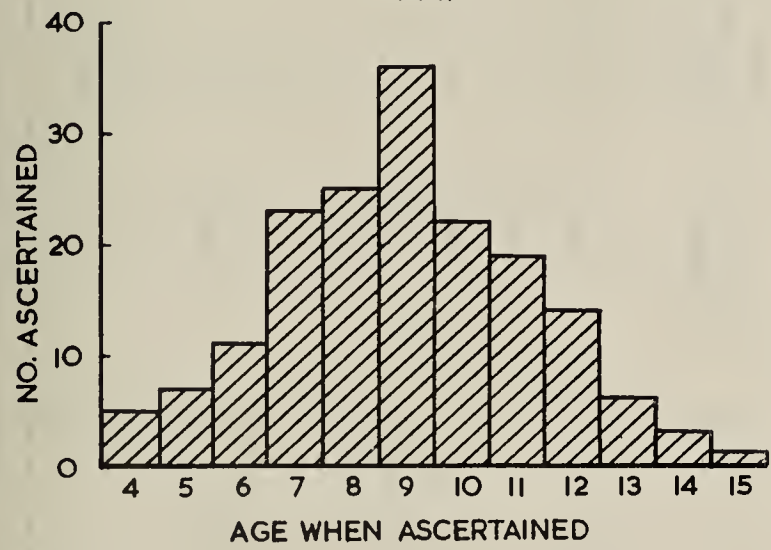
BOYS



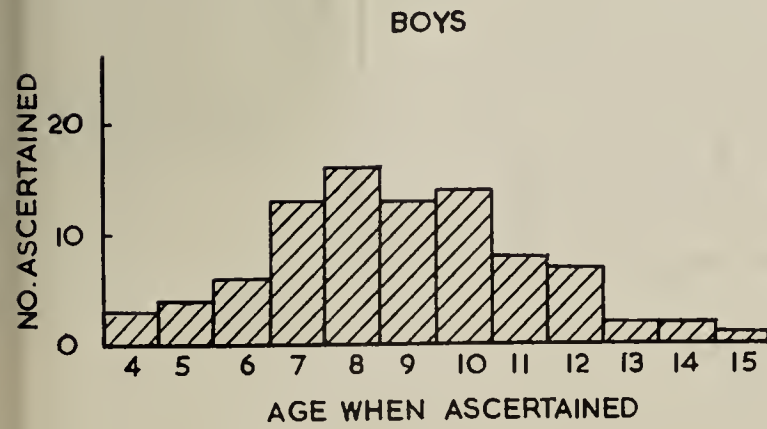
GIRLS



1962
TOTAL



BOYS



GIRLS

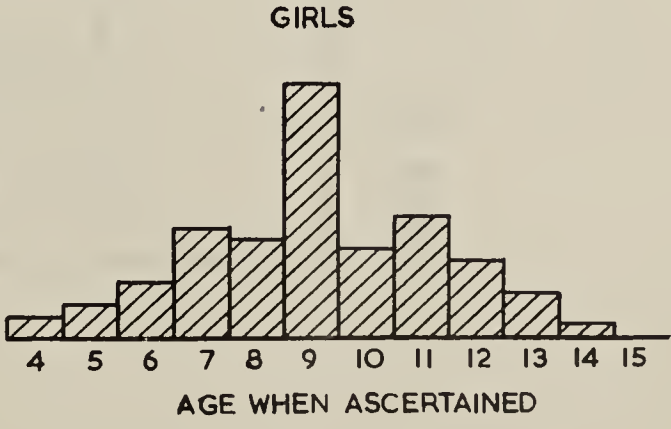


TABLE 16.

LOUSE INFESTATION.

	Number of children on roll	Number of individual examinations made *	Number of individual pupils found infested during 1962			% of children found infested 1962	% of children found infested 1961
			Boys	Girls	Total		
SUTTON COLDFIELD M.B. ...	10,901	3,232	10	5	15	0.14	0.19
SOLIHULL M.B. ...	13,466	23,108	7	25	32	0.24	0.42
NUNEATON M.B. ...	9,502	11,292	19	64	83	0.87	1.66
ATHERSTONE/BEDWORTH AREA ...	11,715	20,424	48	149	197	1.68	2.62
EASTERN AREA ...	11,862	19,670	17	58	75	0.63	0.69
NORTH-WESTERN AREA ...	11,835	21,607	8	53	61	0.52	0.79
CENTRAL AREA ...	16,960	31,065	44	95	139	0.82	1.28
SOUTHERN AREA ...	9,762	20,371	7	27	34	0.35	0.71
TOTAL ...	96,003	150,769	160	476	636	0.66	1.05

* At discretion of Medical Officers, schools found to be clean over a long period are visited very infrequently.

TABLE 17. NUMBER OF ATTENDANCES AT MINOR AILMENTS CLINICS.

Clinic.	When held.	Sessions.	Attendances.		
			First.	Subse- quent.	Total.
SOLIHULL M.B. Halifax Road Clinic, ... Shirley Drury Lane Clinic, Solihull	Wednesday, a.m. (3rd in month)	12	136	9	145
	Saturday, a.m. (1st and 3rd in month)	19	154	3	157
	Total	31	290	12	302
NUNEATON M.B. Riversley Park Clinic, Nuneaton Health Clinic, Stockingford	Mondays to Fridays, a.m. ...	199	283	1,155	1,438
	Mondays, Wednesdays, Fridays, a.m. Tuesdays (alt. weeks)	181	779	1,300	2,079
	Total	380	1,062	2,455	3,517
ATHERSTONE/BEDWORTH AREA. *Health Clinic, Atherstone... *Health Clinic, Bedworth ... Newlands School, Keresley	Wednesday, a.m.	3	1	7	8
	Monday, a.m. Thursday, a.m.	3	3	4	7
	Friday, a.m. (alt. weeks) ...	11	30	3	33
	Total	17	34	14	48
EASTERN AREA. First Aid Post, Temple Street, Rugby	Monday, a.m. } Thursday p.m. }	99	80	504	584
NORTH-WESTERN AREA. Miners Welfare Hall, Arley Area Health Office, Coleshill Parish Hall, Wilnecote ...	Monday, a.m. (4th in month) ...	9	13	—	13
	Monday, a.m. (2nd in month)	11	89	2	91
	Thursday, a.m.	18	61	26	87
	Total	38	163	28	191
CENTRAL AREA. *4, Holly Walk, Leamington Spa	Monday—Saturday, a.m. ...	298	27	8	35
SOUTHERN AREA. Health Clinic, Stratford- on-Avon	Monday, a.m.	48	4	2	6
	GRAND TOTALS	911	1,660	3,023	4,683
	GRAND TOTALS FOR 1961 ...	1,193	2,946	4,792	7,738

* Clinic discontinued during 1962.

TABLE 18.

MINOR AILMENTS CLINICS.

<i>Type of defect.</i>	<i>First attendances.</i>	<i>Subsequent attendances.</i>	<i>Total 1962.</i>	<i>Total 1961.</i>
Skin.				
Ringworm—Scalp	—	—	—	2
Body	2	4	6	19
Scabies	2	1	3	17
Impetigo	27	104	131	194
Other Skin Diseases	550	1,874	2,424	3,671
Total	581	1,983	2,564	3,903
Eye.				
Blepharitis	14	33	47	43
Conjunctivitis	47	78	125	150
Other Minor Eye Conditions ...	93	74	167	261
Total	154	185	339	454
Ear.				
Miscellaneous Minor Ear Conditions	43	21	64	212
Nose and Throat.				
Miscellaneous Minor Nose and Throat Conditions	85	70	155	255
Other Minor Ailments	797	764	1,561	2,914
TOTAL	1,660	3,023	4,683	7,738

TABLE 19.

CHILDREN AND YOUNG PERSONS ACT, 1933.

NO. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF
CHILDREN BYELAWS.

	<i>Number of children examined.</i>	<i>Number granted certificates.</i>	<i>Number refused certificates.</i>
Sutton Coldfield M.B. ...	138	138	—
Solihull M.B.	170	170	—
Nuneaton M.B.	199	197	2
Atherstone/Bedworth Area	156	156	—
Eastern Area	190	190	—
North-Western Area ...	108	108	—
Central Area	280	280	—
Southern Area	190	190	—
Total 1962	1,431	1,429	2
Total 1961	1,681	1,676	5
Total 1960	1,310	1,308	2
Total 1959	1,261	1,260	1
Total 1958	1,090	1,085	5

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1962 was 56,078. Comparison with previous years is given below :—

<i>Year.</i>					<i>Average no. of meals provided daily in schools.</i>
1953	...	...	...	...	28,138
1954	...	...	...	...	30,543
1955	...	...	...	...	34,347
1956	...	...	...	...	35,852
1957	...	...	...	...	35,793
1958	...	...	...	...	41,361
1959	...	...	...	...	44,399
1960	...	...	...	...	49,012
1961	...	...	...	...	52,889
1962	...	...	...	...	56,078

The figure for 1962 represents approximately 60.53% of the children in attendance.

An average daily number of 75,005 children received milk in schools ; this represents 80.57% of the children in attendance.

